

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	LAMOINE	Town/City	Lamoine Permit # 1902
Street or Road	COSCOB AVENUE	Date Permit Issued	6-27-18 Fee \$ 265 Double Fee Charged ( )
Subdivision, Lot #		Local Plumbing Inspector Signature	<i>[Signature]</i> L.P.I. # 394
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	LONG, ROBIN MAIN, LISA	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
Mailing Address of	LENNY TARR P.O. Box 485 BREWER, ME 04412	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
Daytime Tel. #		Municipal Tax Map # 13 Lot # 13-2	
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
<i>[Signature]</i> 6-27-18 Signature of Owner or Applicant Date		<i>[Signature]</i> Local Plumbing Inspector Signature (2nd Date Approved)	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENT(S)</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components
<b>SIZE OF PROPERTY</b> _____ sq. ft. 1.56 acres	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY 1000 gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device 10 END FEED CONCRETE CHAMBERS <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 900 sq. ft. lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> 270 gallons per day BASED ON <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE 31C CONDITION at Observation Hole # 1 Depth 18" OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large - 5.0 sq. ft./gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at Center of Disposal Area Lat. 44° 22' 10.8" N Lon. 68° 17' 32.9" W if g.p.s., state margin of error 30'

## SITE EVALUATOR STATEMENT

I certify that on 3-29-16 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

*[Signature]* 319 4-3-16 6-21-18 WIAL  
Site Evaluator Signature SE# Date  
WILLIAM A. LABELLE, JR. (207) 537-5900 labelleseptic@rivah.net  
Site Evaluator Name Printed Telephone Number E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.



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Owner or Applicant Name  
ROBIN LONG & LISA MAIN

Scale 1" = 40 Ft.

**SITE LOCATION PLAN**  
(Attach map from Maine Atlas  
for First Time System Variance)

Coscob Ave.

LOT

Douglas Highway

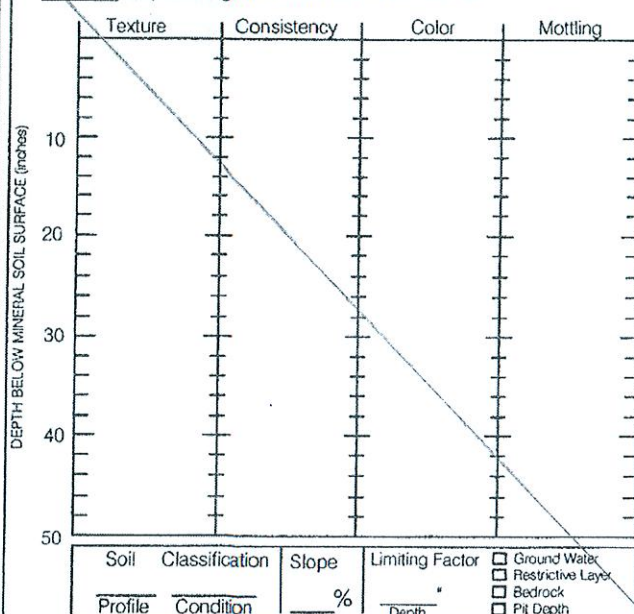
( SEE ATTACHED SITE PLAN )

Observation Hole 1 ☒ Test Pit ☐ Boring

<sup>4</sup> Depth of organic horizon above mineral soil

Observation Hole \_\_\_\_\_ ☐ Test Pit ☐ Boring

" Depth of organic horizon above mineral soil



4-3-16 6-21-18  
Date

Town, City, Plantation  
LANCONE

Street, Road, Subdivision  
COS COB AVENUE

Owner or Applicant Name  
ROBIN LINDSAY J. LINDSAY

MAGNETIC

NORTH

SITE PLAN

SCALE: 1" = 40 FT.

40' W/VA

11' RENEWAL

BOLT

WELL

PROPOSED 1000 GAL.  
SEPTIC TANK

PROPOSED  
HOUSE

12" DIA. FIELD  
SPRUCE, FOR TIE

APPROX.  
PROPERTY  
LINE

ERP, NAIL IN  
8" DIA. SPLIT  
APPLE TREE

PROPOSED  
10 END FEED  
CHAMBER

1" BOLT

BOLT

AVENUE

COS COB

Site Evaluator's Signature

S.E. #

Date



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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Division of Environmental Health, 11 SHS  
(207) 287-5872 FAX (207) 287-4172

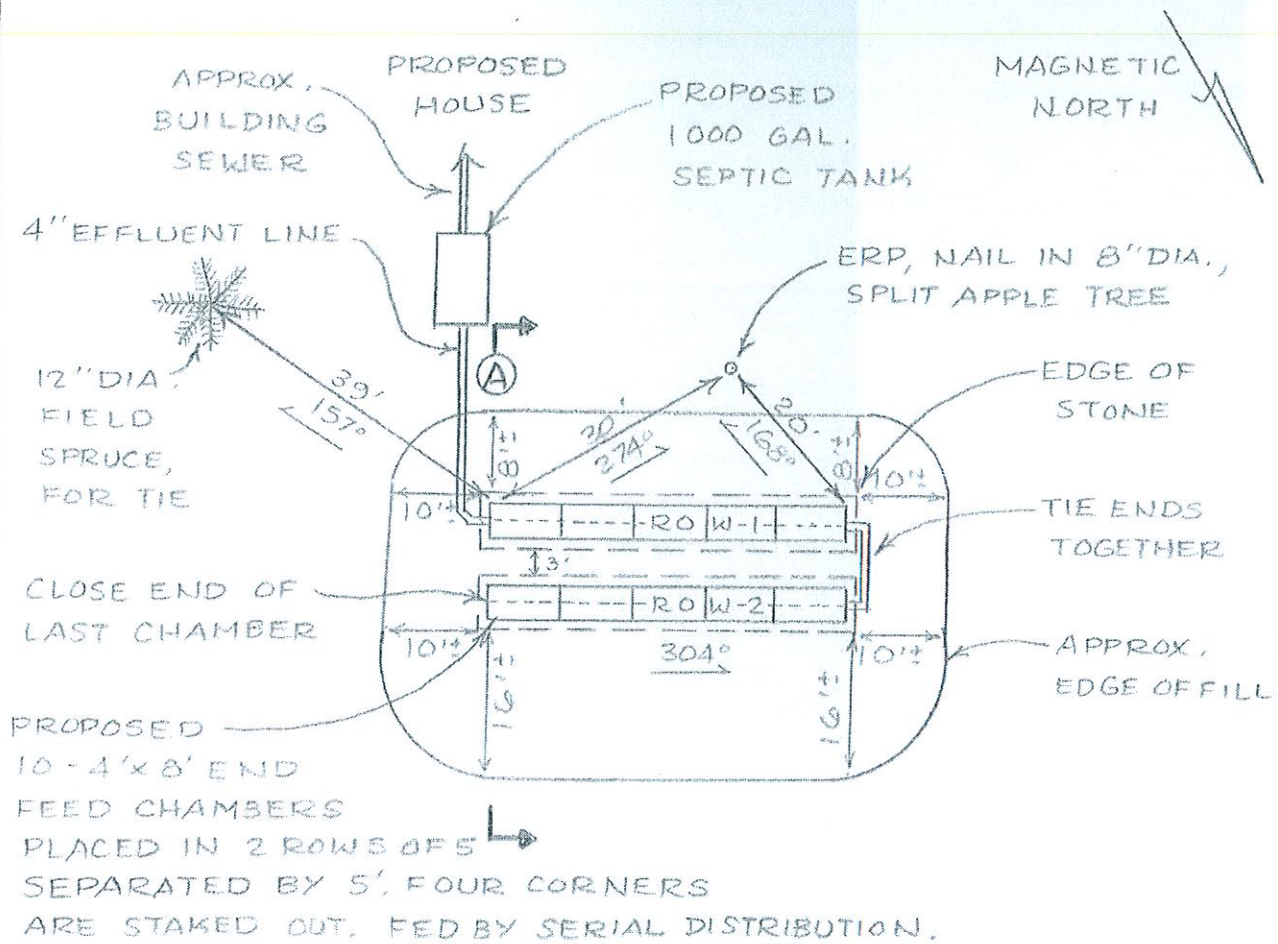
Town, City, Plantation  
**LAMOINE**

Street, Road, Subdivision  
**COSCOB AVENUE**

Owner or Applicant Name  
**ROBIN LONG & LISA MAIN**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS	SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	<u>21"</u>	Finished Grade Elevation	<u>(See</u>		Location & Description <u>NAIL 20"</u>
Depth of Backfill (Downslope)	<u>21"</u>	Top of Distribution Pipe or Proprietary Device	<u>attached</u>	<u>N/A</u>	<u>ABOVE GROUND IN 8" DIA.</u>
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field	<u>X-sec.)</u>		<u>SPLIT APPLE TREE.</u>
					Reference Elevation is: <u>0"</u>

### DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

#### NOTES:

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
5. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).
6. Full basement below grade foundation, frost wall or columns must be 20' minimum from stone around chambers and slab on grade must be 15' minimum from stone around chambers.

[Signature]  
Site Evaluator's Signature

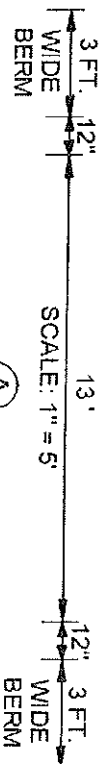
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6-21-18  
Date

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HHE-200 Rev. 08/2015

NOTE: GRADE UPSLOPE  
TO DIVERGENT SURFACE  
WATER AWAY FROM  
SYSTEM.

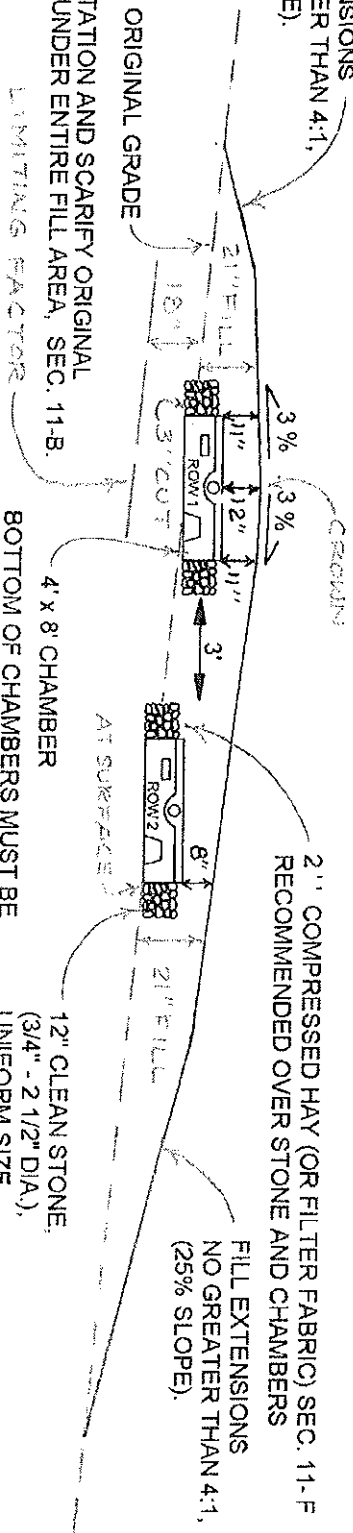
# DISPOSAL AREA CROSS SECTION SLOPE 11 %



TOP 4" OF FILL TO BE A GOOD LOAM  
SOIL MIX TO ESTABLISH A GOOD  
VEGETATIVE COVER. SEED  
AND MULCH TO PREVENT EROSION, SEC. 11-G.

FILL MATERIAL SHALL BE 8"-12" THICK  
OVER CHAMBERS AND SHALL BE GRAVELLY  
COARSE SAND TO THE STANDARDS IN  
SEC. 11-E IN THE SUBSURFACE RULES.

FILL EXTENSIONS  
NO GREATER THAN 4:1,  
(25% SLOPE).



REMOVE VEGETATION AND SCARIFY ORIGINAL  
ORIGINAL SOIL UNDER ENTIRE FILL AREA, SEC. 11-B.

## ELEVATIONS:

ELEV. REF. PT. (ERP):	0"	ROW 1
FINISHED GRADE:	(COMMON - 23")	(-32" MIN.)
TOP OF CHAMBERS:	-35"	-47"
BOTTOM OF CHAMBERS:	-48"	-60"

BOTTOM OF CHAMBERS MUST BE  
LEVEL WITH MAXIMUM GRADE  
TOLERANCE OF 2" PER 100'.

## NOTE:

SYSTEM MUST BE INSTALLED ACCORDING  
TO THE RULES AND PRACTICES SET FORTH  
IN THE MOST CURRENT VERSION OF THE  
STATE OF MAINE SUBSURFACE WASTEWATER  
DISPOSAL RULES. INSTALLATION CONTRATOR  
MUST BE FAMILIAR WITH SAID RULES AND  
CONSTRUCT SYSTEM IN FULL COMPLIANCE  
WITH SECTION 11 OF SAID RULES.

OWNER: ROBIN LONG & LISA MAIN  
LOCATION: LANDINE

WILLIAM A. LABELLE, JR.

S.E.#

DATE

319 4-2-16 6-21-18